UNITED NATIONS

DP

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/1996/8
28 November 1995

ORIGINAL: ENGLISH

First regular session 1996
15-19 January 1996, New York
Item 15 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

REQUEST FOR ADDITIONAL RESOURCES FOR THE UNFPA COUNTRY PROGRAMME FOR UGANDA

Report of the Executive Director

I. BACKGROUND

1. UNFPA recommends and requests that the funding approval for the comprehensive population programme for Uganda be increased by $6.2 million. The programme would thus total $20.2 million for 1993-1996, of which $12 million would be programmed from UNFPA regular resources and $8.2 million from a combination of UNFPA regular resources and multi-bilateral resources, when and to the extent such additional resources become available (see table).

2. In June 1993 the Governing Council approved the third country programme for Uganda in the amount of $14 million for the four-year period 1993-1996. During the first three years of the programme a total of approximately $14 million has been expended: $2.2 million in 1993, $5.7 million in 1994 and approximately $6.1 million in 1995.

3. This request is presented according to the programme areas in use when the programme was first approved in 1993. In order to clarify the proposed additional allocations, activities have been classed according to the previous programme. The proposed programme activities for 1995 and 1996 do, however, take into consideration the Programme of Action of the International Conference on Population and Development (ICPD), and this will be reflected in the next proposed comprehensive country programme.

4. Increased funding authority is required to maintain the momentum of the population programme in Uganda and to continue and strengthen efforts to: (a) implement the country's National Population Policy and to develop a Population Action Plan as well as to reinforce the overall coordination role of the Population Secretariat to ensure programme coherence and efficiency; (b) expand access to and improve the quality of reproductive health care services; (c) produce and disseminate population information, education and communication (IEC) messages; (d) generate and disseminate demographic district profiles based on census results; (e) address strategic and practical issues that enhance the reproductive health and rights of women as well as their empowerment and their status; (f) develop appropriate programmes to protect and enhance adolescent reproductive health. Furthermore, additional funds are required so that essential and complementary population activities, particularly for reproductive health and associated IEC activities, can be conducted in each of the 24 districts encompassed within the programme[1] to ensure consistency in programme delivery and to promote synergy among the activities in the same districts.

5. These recommendations are in accordance with those of the country programme's mid-term review, held in Kampala, Uganda, on 9 and 10 February 1995. The mid-term review found that the programme design continues to be very relevant in terms of the objectives and the key sectors and strategies for achievement of the objectives. From a programmatic perspective, three core areas are critical: (a) IEC sensitization to promote and sustain positive behavioural change; (b) reproductive health activities to provide sufficient high-quality reproductive health and family planning counseling and services to keep pace with changes brought about by the sensitization campaign and to satisfy unmet and newly created needs and demands; and (c) population programme coordination to provide the necessary institutional, logistical and programme delivery mechanisms at both central and district levels. This programme perspective, however, supposes a vigorous coordination mechanism to ensure consistency of sectoral strategies and adequate project delivery in order to achieve the desired impact.

---

[1] The programme was designed to cover 26 districts; due to restructuring of the districts, the programme now covers 24 districts. Sectoral activities within the programme, however, are not always carried out in the same districts; therefore it is sometimes difficult to achieve integration, complementarity or synergy of population efforts.

6. A positive and enabling environment now exists in Uganda that is conducive to improved population programme implementation and delivery. The country is undergoing a steady economic and social recovery, and there is a stable and supportive political environment. Political modalities to ensure increased community-based representation and participation are being designed and implemented. Structural mechanisms to enhance economic investment are being institutionalized, and national indicators show increasing improvement in the economy. The implementation capacity of the Government and national non-governmental organizations (NGOs) has improved significantly at policy, programme, institutional, community and individual levels. Several factors have combined to provide a good foundation for further investment of assistance resources in population activities -- the formulation of the National Population Policy, the finalization of the national IEC strategy, the firm commitment to integrating population factors into national and district development planning, the strengthening of the Population Secretariat as the official institutional arm for coordinating and monitoring population-related activities, the institutionalization and staffing of population and family life education units in several line ministries and the increase in the number of personnel with a knowledge of population issues.

II. STATUS OF PROGRAMME IMPLEMENTATION

Maternal and child health and family planning

7. In the area of maternal and child health and family planning (MCH/FP), many activities will be included in the new programme area of reproductive health. The programme objective is to substantially increase the contraceptive prevalence rate by improving the quality, availability and accessibility of family planning services. This objective is to be achieved primarily through expanding the network of Government-run family planning centres to at least 156 service points in 26 districts.

8. To date, the UNFPA-funded programme is providing assistance for the delivery of reproductive health services in 148 health units in 13 districts (in the 40 districts nationwide, about 246 units provide family planning services). Two projects are being supported: one is designed to strengthen reproductive health services in collaboration with the Ministry of Health and the other is a Safe Motherhood initiative in association with the Ministry of Gender and Community Development. Reproductive health activities have included training for family planning service providers, traditional birth attendants (TBAs) and community-based distribution agents; standardizing the TBA training curriculum; expanding the reproductive health delivery system to incorporate prevention of sexually transmitted diseases (STDs) and HIV/AIDS; organizing IEC workshops to sensitize community leaders on the benefits of reproductive health; renovating service delivery points; and procuring medical equipment and contraceptives. The Safe Motherhood project is operative in 12 districts. Seminars and workshops have been held at the grassroots level on Safe Motherhood practices; health education materials have been produced;

a pregnancy monitoring system (with community pregnancy monitors) has been introduced; and small-scale community-based Safe Motherhood activities, including establishment of Safe Motherhood homes, have been initiated.

9. In general, the projects discussed have been progressing well. Preliminary indications show that more women are receiving pre- and post-natal care, and the rate of deliveries in health units is increasing. Due to a shortage of financial resources and the appreciation of the national currency, however, many planned activities could not be conducted. Moreover, the two projects operate in different districts, thus allowing little opportunity for complementarity. There are also concerns about the extent to which provision of reproductive health services is lagging behind IEC sensitization efforts. The reasons for the discrepancy are many and varied, including lack of adequate funds and personnel resources; delay in service delivery due to the absence of service providers while being trained and the slow renovation of facilities; and disparate distribution of reproductive health and IEC projects, which are not necessarily conducted in the same district. Due to difficulties in the collection of reproductive health data, it is difficult to measure directly the extent to which reproductive health-related targets have been achieved. The Ministry of Health's Health Information System (HIS) is now being tested in three pilot districts and cannot yet be used as a measure of achievement.

10. Increased funding authority of $2.5 million is required to strengthen the reproductive health programme. Additional support is needed to ensure that reproductive health, Safe Motherhood and IEC projects are conducted in all 24 districts and that coordination, supervision, monitoring and evaluation of their respective activities are enhanced. Priority must be given to increasing the accessibility and improving the quality of reproductive health services. In addition, government service delivery efforts need to be supplemented with those of national NGOs in order to bridge the gap between demand and lack of service outlets. The programme is already addressing logistics issues, particularly as concerns equipment availability, utilization, replenishment and maintenance. An emergency referral system including communication equipment and basic transport, particularly in poorly equipped, remote rural areas, is to be implemented. Depending on the results of the pilot test, the Ministry of Health will expand the use of the HIS. Appropriate evaluation tools and indicators will be developed to assess the impact of IEC and reproductive health activities and to monitor attitudinal and behavioural changes vis-à-vis smaller-sized family norms.

Information, education and communication

11. In the area of population IEC, the programme's objective has been to promote responsible parenthood and positive attitudes towards smaller family size. The three non-formal IEC projects initiated under the previous country programme have been amalgamated into one comprehensive IEC programme and are being coordinated by the Population Secretariat. Significant progress has been made towards institutionalizing population and family life education into the infrastructure

as well as the grassroots activities of the Ministries of Agriculture and Labour. Population and family life education messages are being integrated into training programmes and service activities in the agricultural extension and labour sectors. In the Ministry of Information, a unit of media specialists produce population and family life education materials and messages for radio and television programmes as well as songs, dramas and plays that are used by schools and community groups. Coordinated population IEC and reproductive health service delivery campaigns are being conducted in several pilot districts. With respect to the formal IEC area, population and family life education is being integrated into the curricula of elementary and secondary schools in 24 districts and 9 teacher training colleges. Educators from 15 pilot districts have been trained in integrating population and family life education subjects into their regular teaching activities, including essay contests, drama, music and dances. Teachers' guides and textbooks for primary grades 6-7 are being trial-tested; guides and textbooks for other grades and carrier subjects are in draft form and are ready for trial-testing. Research is being conducted on school drop-outs and teenage pregnancy.

12. While some progress has been made in integrating IEC activities, preliminary attempts have focused more on "cosmetic" sharing of information about project activities, which continue to be designed, budgeted and implemented separately by each of the involved agencies. A unified population IEC strategy has now been finalized; this strategy will be instrumental in implementing the Population Policy. The Population Secretariat is trying to institute mechanisms to ensure joint planning by project management and to reinforce coordinated implementation and the comparative evaluation of IEC strategies being carried out in different sectors. To do so successfully, the Population Secretariat's technical, managerial, supervisory and budgetary capabilities must be strengthened.

13. An increased funding level authority of $1.25 million is needed to continue and to strengthen IEC efforts in both the non-formal and formal sectors. Funds are required for production, dissemination and utilization of mass and group media materials; audience surveys and media impact assessments; training in management of population communication programmes; sensitization seminars and workshops for industrial and government leaders; motivational rallies for employees at industrial plants; workshops for in-service agricultural agents and training for agricultural college lecturers; initial and refresher training in population and family life education for more than 150 school and college instructors and administrators; population and family life education curriculum development for additional primary grades; equipment at the central and district levels for materials production; and report and printing costs.

Data collection and analysis

14. In the data collection and analysis area, the programme objective has been to build the national capacity to collect, analyse and disseminate demographic data; to establish a population database at national and district levels; and to disaggregate and publish census data for use in the

planning process. Assistance is being provided to complete the analysis of the 1991 census data and to prepare and disseminate the census reports to the Government, NGOs and other users. The district demographic and socio-economic profiles are of special relevance for decentralized planning; key district planners and policy makers are being sensitized and trained in the interpretation and utilization of these profiles and will be equipped with and trained in appropriate computer technology to assist in district planning and programme monitoring. The Directorate of Statistics is considering the establishment of a permanent Population Unit to collect and analyse population data.

15. Of the 24 districts included in the current programme, planning officers in 11 districts have been equipped and trained to utilize population data for population and development programme planning and monitoring. Increased funding authority of $150,000 is required so that planning officers in the other 13 districts can also be equipped and trained in data utilization.

Population policy formulation

16. Significant progress has been achieved in the population policy and development programme. The National Population Policy was promulgated in March 1995; a Population Action Plan is being developed based on comprehensive multisectoral analyses of a wide range of population and development issues. The human resource capacity and capability of the Population Secretariat, located in the Ministry of Finance and Economic Planning, has been systematically strengthened. In 1994 a director was appointed at the permanent secretary level with a multidisciplinary technical and administrative staff of 16. As of 1994, 13 district population offices had been established, and four more offices are being instituted in 1995. Three other districts have taken the initiative to establish such offices and have requested assistance for equipment. The Population Secretariat, at central and district levels, has been actively involved in population advocacy and sensitization seminars for planners, policy makers and community leaders; the coordination and integration of population and development planning; programme monitoring; research; and the provision of information on policies and projects.

17. Increased funding of $1.2 million is essential to continue and to strengthen the institutional and human resource capacity to implement the population policy, to integrate population concerns into development planning and to coordinate population and development programmes at the central and district levels.

18. This additional funding is required for a variety of purposes. The Population Secretariat will have to assume greater responsibilities to ensure proper implementation, monitoring and coordination of population activities. The Government plans to establish a National Population Council. Additional district population offices will also have to be established or strengthened in the areas covered by the programme. Efforts needed include provision of short-term training for district population officers in policy development, project planning and monitoring; procurement

of office and logistical equipment; construction of four district population offices; conducting population situational analyses and formulating population policy action plans for the districts. The Population Secretariat plans to organize population and development coordination meetings at central and district levels as well as workshops on integrating population into the programmes of various local groups, including those for women, youth and religious leaders.

Population dynamics

19. Training and research in demography and population studies have continued at the undergraduate and post-graduate levels, including M.A. and Ph.D. degrees. In light of the objectives of the Population Policy, the programme objective has been revised from development of a Ph.D. curriculum at Makerere University into a three-pronged needs study: (a) assessment of current and future staffing needs in the context of Population Policy implementation, decentralization and programme management; (b) survey of trained graduates and an assessment of the relevance and practical use of their training in their current employment responsibilities; and (c) review and revision of the current curricula at all levels in the context of identified needs and opportunities. Efforts have been made to ensure that research activities, particularly those regarding HIV/AIDS, are policy relevant and action oriented. The resources originally approved by the Governing Council for this area are sufficient.

Women, population and development

20. A project initiated during the previous country programme designed to enhance women's status through dairy farming has been continued. The objective of the project is to improve the quality of life of women within small farming communities by promoting social and economic self-reliance and thereby influence their health and fertility behaviour. Project strengths have included promotion of family planning services among the beneficiaries (62.8 per cent are using family planning services); attitudinal changes as a result of training in family planning methods and principles, family health and nutrition matters, and animal and crop farming methods; and enhancement in the status of the beneficiaries. Project weaknesses have included insufficient follow-up for provision of family planning services; imposition of a heavy economic and labour burden for 43 per cent of the recipients (usually the poorest of the recipients); and the selection of many recipients who are already 30 years of age with an average of 6 children. Also, while the project addressed the practical needs of women, it did not address their strategic needs. As the project continues to be relevant for achievement of programme objectives, it has been continued into the second phase, with appropriate conceptual and practical revisions.

21. Increased funding authority of $400,000 is requested in the area of women, population and development to intensify efforts already under way through a greater emphasis on reproductive health and reproductive rights and through activities that address women's strategic and practical needs with a view towards their empowerment and the enhancement of their status. The

programme will formulate appropriate strategic and institutional initiatives to implement the Plans of Action emanating from the ICPD and Fourth World Conference on Women.

Programmes for youth

22. Youth represent a significant proportion of the population of Uganda; those in late adolescence are also the persons who are most sexually active, at highest risk of early and unplanned pregnancies and of acquiring sexually transmitted diseases, including AIDS. They are also at a strategic age when intervention strategies are necessary, timely and promising. Therefore, it is recommended that the programme address the needs of adolescents as a distinct group and that activities designed to protect adolescent reproductive health be developed. In January 1995, the Government and UNFPA organized a national workshop on youth, population and development. A joint government, NGO and UNFPA task force was established to formulate an appropriate programme aimed at Protecting and Enhancing Adolescent Reproductive Life (PEARL), implemented by the Ministry of Gender and Community Development and by the Population Secretariat. Although the project is still in draft form, it is expected that PEARL activities will be undertaken at central and district levels, with the involvement of key social partners and NGOs active in the area of adolescents and youth. Additional programme funding of $700,000 is being requested for this initiative.

Programme reserve

23. As during the first two years of the programme, reserve funds would be used to support multisectoral activities for general programme development and for population advocacy and awareness creation. The funding authority as approved by the Governing Council is sufficient.

Programme coordination

24. During the mid-term review process, consultations were held with international and bilateral donor agencies involved or interested in population activities. Many agencies have expressed a strong desire to collaborate with the Government and UNFPA in the implementation of the national population programme and in carrying out the mid-term review recommendations. Finland and Sweden contributed multi-bilateral assistance for reproductive health during the first half of the programme. The British Overseas Development Administration (ODA) and the Government of Belgium have recently provided multi-bilateral funding for the reproductive health sector and for the formal population and family life programmes in 1995.

25. UNFPA participates in the quarterly meetings of donors and NGOs active in the health and social sectors. The Fund has been actively involved in efforts to prepare the Country Strategy Note. UNFPA collaborates with other JCGP partners in the context of the United Nations Inter-agency Task Force for the North and Northeastern part of Uganda where UNFPA contributed

MCH/FP kits and the training of health workers. It is expected that UNFPA will play a significant role in the prospective United Nations inter-agency initiative on HIV/AIDS.

Financial summary

26. As indicated in paragraph 1, UNFPA proposes to provide assistance to Uganda and to increase the funding approval authority for its comprehensive population programme by $6.2 million. The programme would thus total $20.2 million for 1993-1996, of which $12 million would be programmed from UNFPA regular resources and $8.2 million from a combination of UNFPA regular resources and multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how that amount would be accommodated by programme area.

	RESOURCE DISTRIBUTION as approved by the Governing Council 1993			PROPOSED INCREASED FUNDING APPROVAL AUTHORITY		TOTAL
SECTOR	UNFPA Regular Resources	UNFPA &/or Other Resources	TOTAL	UNFPA Regular Resources	Other Resources	
Maternal & child health and family planning	$4,000,000	$2,600,000	$6,600,000	$ 600,000	$1,900,000*	$9,100,000
Information, education, and communication	1,800,000	1,800,000	3,600,000	1,800,000	(550,000)**	4,850,000
Data collection and analysis	200,000	400,000	600,000	400,000	(250,000)**	750,000
Population policy formulation	700,000	600,000	1,300,000	600,000	600,000	2,500,000
Population dynamics	500,000	-	500,000	-	-	500,000
Women (& youth), population & development	400,000	600,000	1,000,000	600,000	500,000	2,100,000
Programme reserve	400,000	-	400,000	-	-	400,000
TOTAL	**$8,000,000**	**$6,000,000**	**$14,000,000**	**$4,000,000**	**$2,200,000**	**$20,200,000**

* A total of approximately $2.8 million in multi-bilateral funding has already been provided by Finland, Sweden, and the United Kingdom for 1993-1996 for the reproductive health programme.

** Greater than expected multi-bilateral resources were obtained in certain programme areas.

III. RECOMMENDATION

27. The Executive Director recommends that the Executive Board approve the increased funding authority for the Uganda country programme by $6.2 million as detailed in the attached table, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/1996/9
27 November 1995

ORIGINAL: ENGLISH

First regular session
15-19 January 1996, New York
Item 15 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

REQUEST FOR ADDITIONAL RESOURCES FOR THE UNFPA COUNTRY PROGRAMME FOR BURKINA FASO

Report of the Executive Director

I. BACKGROUND

1. UNFPA recommends and requests that the funding approval authority for the comprehensive population programme for Burkina Faso be increased by $3.15 million. The programme would thus total $13.15 million for 1992-1996.

2. In June 1991, the Governing Council approved the third country programme for Burkina Faso in the amount of $10 million for the period 1992-1996, $6.5 million of which was to be supplied from UNFPA's regular resources and $3.5 million was to be sought from multi-bilateral funding. Early in 1995 available funds were estimated at $5 million and included the amount left from regular resources in relation to the initial allocation of $6 million as well as the remaining multi-bilateral funds out of a total of $2.5 million that were mobilized. It should be noted that the additional $1 million of multi-bilateral resources could not be mobilized as planned.

3. This request is presented according to the work plan categories in use when the programme was approved in 1991. In order to clarify the proposed additional allocations, activities have necessarily been classed according to the previous programme. The proposed programme activities for 1995 and 1996,

/...

however, take into consideration the Programme of Action of the International Conference on Population and Development (ICPD) and the new UNFPA emphasis on the three thematic areas of reproductive health, including family planning and sexual health (hereafter referred to as reproductive health), population and development strategies, and advocacy. This will be reflected in the next proposed comprehensive country programme.

4. Increase in funding authority is essential in order that:

(a) Reproductive health activities can be extended to some of the provinces previously covered by the United States Agency for International Development (USAID), which is withdrawing its support at the end of 1995;

(b) The achievements in the areas of education and research can be consolidated;

(c) The implementation of the population policy can be restructured and strengthened;

(d) Information, education and communication (IEC) programmes can be reinforced in rural areas and assistance can be given to the Government in carrying out its recent initiative aimed at promoting basic education and the education of girls;

(e) The gender, population and development programme can be strengthened.

5. These recommendations are in accordance with those recommended by the country programme mid-term review that was held in Ouagadougou in February 1995. The review found that the country programme was well designed and that the objectives are clear, comprehensive and remain relevant, given the national context and the ICPD recommendations.

II. STATUS OF PROGRAMME IMPLEMENTATION

6. The overall strategy for programme implementation was based on the National Development Plan and the recommendations of the 1990 Programme Review and Strategy Development (PRSD) mission. The programme focused on support for national population policy implementation, targeting three areas in particular: strengthening national capacities to plan and manage population programmes, especially those regarding women; helping to conduct population and development research; and aiding the Government in furnishing reproductive health services.

7. In accordance with the ICPD Programme of Action, the emphasis of the proposed programme revisions is on reinforcing the concept of total reproductive health, with a particular focus on women and youth, and in developing services at the community level. The two main concerns are in increasing the

availability of reproductive health and AIDS prevention services at the grassroots level and in preventing pregnancies among adolescents.

Maternal and child health and family planning

8. There have been several achievements in the area of maternal and child health and family planning (MCH/FP) under the ongoing country programme, including the provision of family planning services in the minimum services package defined under the implementation programme of the Bamako Initiative and the decentralization of programme activities in ten provinces. This decentralization made it possible to bring reproductive health services closer to the population -- 15 centres were renovated, 140 health structures out of 200 were provided with family planning materials, and 70 per cent of the health centres were fitted with family planning medical equipment, including intra-uterine device (IUD) kits. The supply of contraceptives and follow-up drugs is now adequate at all of the 270 health centres in the ten provinces. As a result, the reproductive health indicators in the ten provinces covered by the programme are higher than the national average. The contraceptive prevalence rate increased from 8.5 per cent in 1991 to 14 per cent in 1993. Prenatal coverage of expectant mothers was 58 per cent against 48 per cent nationally.

9. Increased funding authority of $1.4 million is needed in order to continue to strengthen the management and implementation of the national reproductive health programme. This money would be used for the following activities: to develop a strategy for dealing with the reproductive health needs of the country's youth; to conduct research on introducing family planning into the service kit of traditional birth attendants (TBAs), leading to the development of a reproductive health programme at the community level; to strengthen the IEC and research sectors; to develop a contraceptive logistical system; to extend programme activities to the fifteen provinces initially covered by USAID and to take over activities previously funded by USAID. These USAID activities included training family planning providers, providing contraceptives, using IEC activities to support youth and family planning programmes and developing new family planning methods (e.g., Norplant).

Information, education and communication

10. The strategy developed in the IEC sector was designed to achieve a greater coordination with activities in the reproductive health sector. This included extending IEC activities in rural areas using literacy campaigns and non-formal education programmes. As part of this strategy, a network of 478 village animators was set up. Activities were also carried out to prepare youth from the two main cities for family life as well as to institutionalize and generalize population education in secondary schools. As a result, 560 teachers were trained, and population education was introduced into 142 new secondary schools -- 75 percent of all the country's secondary schools. Population education was also extended to primary schools: programmes were further developed and tested in 10 schools with a total of 3,000 pupils, taught by 110 teachers.

11. Increased funding authority of $1.5 million for 1995 and 1996 is essential to support: (a) implementing the national IEC strategy; (b) integrating population education into the Government's new initiatives aimed at generalizing literacy teaching; and (c) raising the education rate, especially among young girls, through satellite schools and non-formal basic teaching centres.

Population policy formulation

12. As indicated by the mid-term evaluation mission, significant progress has been achieved in implementing the population policy and development programme. The decree re-organizing the National Council on Population (CONAPO) and creating the Permanent Secretariat of CONAPO was signed in December 1993. A study on the population sector has been carried out by the African Development Bank. Although the methodology of integrating family planning services into the primary health care system has yet to be finalized, it will necessarily take into consideration modifications in the planning structure caused by the implementation of the country's first structural adjustment programme in 1991. The delay in regionalizing population policy and putting into place a coordination system have made it necessary to extend activities in the area of population policy and development beyond 1994. In order to consolidate prior work and to formulate and implement policies in light of the Cairo Programme of Action, the population and development strategies sector would require an additional budget of $650,000.

Women, population and development

13. Multisectoral activities have been funded from allocations for women, population, and development. Funds allocated to this sector have financed "umbrella" projects to support non-governmental organizations (NGOs) for women; they have also supported participation in international meetings (the ICPD and the International Women's Conference in Beijing) by women's NGOs. The allocation of $200,000 for this programme is insufficient to cover the women's sector, population and development and other multisectoral activities. Additional funds estimated at $800,000 are required. This would include $200,000 to fund the multisectoral activities of the umbrella project in 1995 and 1996 and $520,000 to support the women, population and development programme through projects designed to revise the family code, to combat female circumcision, and to strengthen partnerships with some of the dynamic NGOs working in the field.

Redistribution of funds

14. It is also planned to redistribute resources by reprogramming funds in accordance with needs expressed in the attached resource distribution. This redistribution is being carried out by using funds in the amount of $1.2 million that had been earmarked for data collection. These funds would be redistributed to other programme activities since the proposed census operation has been postponed to the next country programme.

15. Several donors have expressed interest in providing additional multi-bilateral resources for the programme. The extent and timing of such multi-bilateral assistance, however, have not been determined. Thus, the proposed request for increased funding would be provided solely from UNFPA regular resources.

Financial summary

16. As indicated in paragraph 1, UNFPA proposes to provide assistance to Burkina Faso and to increase the funding approval authority for its comprehensive population programme by $3.15 million from UNFPA's regular resources. The programme would thus total $13.15 million for 1992-1996. The following table shows how that amount would be accommodated by programme area.

	RESOURCE DISTRIBUTION as approved by the Governing Council 1991			PROPOSED INCREASED FUNDING APPROVAL AUTHORITY		TOTAL
SECTOR	UNFPA Regular Resources	UNFPA &/or Other Resources	TOTAL	UNFPA Regular Resources	Other Resources	
Maternal & child health and family planning	$2,400,000	$2,300,000	$4,700,000	$1,400,000	-	$6,100,000
Information, education, and communication	850,000	700,000	1,550,000	1,500,000	-	3,050,000
Data collection and analysis	1,000,000	500,000	1,500,000	(1,200,000)*	-	300,000
Population policy formulation	650,000	-	650,000	650,000	-	1,300,000
Population dynamics	900,000	-	900,000	-	-	900,000
Women, population & development	200,000	-	200,000	800,000	-	1,000,000
Programme reserve	500,000	-	500,000	-	-	500,000
TOTAL	**$6,500,000**	**$3,500,000**	**$10,000,000**	**$3,150,000**	-	**$13,150,000**

*Due to the delay in conducting the proposed population census, resources are being distributed to other programme areas.

III. RECOMMENDATION

17. The Executive Director recommends that the Executive Board approve the increased funding authority for the Burkina Faso country programme by $3.15 million as detailed in the attached table, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/1996/10
28 November 1995

ORIGINAL: English

First regular session 1996
15-19 January 1996, New York
Item 15 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

REQUEST FOR INTERIM ASSISTANCE FOR SOUTH AFRICA

Report of the Executive Director

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to continue interim assistance for South Africa in the amount of $4.2 million over a three-year period, which started in 1994. The assistance would enable UNFPA to continue working with the Government in developing the population components of the Government's Reconstruction and Development Programme (RDP). UNFPA intends to undertake a Programme Review and Strategy Development (PRSD) exercise some time in 1996 in collaboration with the Government and in consultation with the organizations of the Joint Consultative Group on Policy (JCGP) with which UNFPA expects to harmonize its programme.

2. The proposed interim assistance consists of ongoing and "pipeline" projects designed to meet immediate needs until a comprehensive population programme can be formulated. It is based on the Government's development objectives and the current national efforts towards development of policies and strategies in the field of population and development. UNFPA assistance is intended to contribute to the process of defusing current tensions and sensitivities regarding the

/...

population issue in South Africa; supporting the national debate on the need for and the structure of a national population policy; supporting the creation of a legitimate and widely respected national database especially by carrying out a national population census in 1996; and assisting in the development and refinement of reproductive health interventions at the provincial levels upon which models for replication nationwide can be built. A priority element of the programme would be a special focus on accelerating capacity building and training for the majority population, particularly at the provincial level and among provincial, rural-based non-governmental organizations (NGOs) and community-based organizations (CBOs).

3. In the development of its interim assistance, UNFPA has also taken account of the recommendations of the JCGP mission to South Africa in mid-1994. Consultations and discussions were held with the collaborating line Ministries, other agencies of the United Nations system present in South Africa, especially UNDP, UNICEF and the World Health Organization (WHO), and some NGOs operating in South Africa in the population field.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

II. BACKGROUND

5. Socio-economic factors. South Africa is, by international standards, a middle-income country, with a per capita gross national product (GNP) of the equivalent of $2,980 in 1994. Its economy is by far the largest in sub-Saharan Africa, benefiting from a wealth of natural resources and a developed industrial sector. However, apartheid policies in the past have meant that economic performance for at least the past fifteen years has been far below the country's potential. The real gross domestic product (GDP) increased at an average of only 0.7 per cent a year during the last decade.

6. South Africa's distribution of income and the availability of economic opportunities to its citizens are the most skewed in the world. In the past, by a deliberate act of government policy, the country's white citizens were reserved a standard of living broadly comparable with that of industrialized countries while the rest of the citizenry lived under conditions that, in certain areas of the country, were, and continue to be, worse than those in many developing countries. In terms of the provision of infrastructure and other amenities, the World Bank estimated that in 1993 per capita spending on infrastructure in the cities populated by whites and on white-owned farms was equivalent to that in the top four or five countries in the world. This is in sharp contrast to the spending in urban and peri-urban areas, such as the townships, inhabited by black

and other South Africans, which in aggregate have worse facilities than other developing countries with similar levels of per capita income. The duality of the South African economy also finds expression in the labour market: members of the high-income, white citizenry move in a different market environment from the rest of their fellow citizens. Removal of the political structure of apartheid has not removed the inequality that characterizes the socio-economic fabric.

7. The key challenge confronting the Government of National Unity (GNU) is the implementation of the Reconstruction and Development Programme (RDP), which serves as the framework for the socio-economic and political transformation of South African society. The recently announced national budget for 1995-1996 reflects the change in orientation in that it provides large, though still inadequate, increases in resources devoted to health, education, housing and public works. The GNU recognizes that the goals of this programme are achievable only in an environment of economic growth, good governance and a healthy private sector.

8. Demographic trends. The population of South Africa in 1995 is estimated by the United Nations at approximately 41.5 million. However, there is considerable discussion about the accuracy of this estimate as well as other population statistics. This is partly because of the manner in which such enquiries were conducted by the apartheid administration and partly because of the lack of accurate accounting for the influx of illegal migrants into South Africa from neighbouring countries. The rate of natural increase has been estimated at 2.2 per cent annually. The total fertility rate (TFR) is estimated nationally at 3.95 children per woman, and the United Nations has estimated that the national contraceptive prevalence rate (CPR) is 50 per cent for any method and 48 per cent for modern methods.

9. For non-white South Africans, the term "population" has come to have mostly negative connotations as a result of previous policies aimed at curbing non-white fertility. Under the previous regime, "population" was a function of the Ministry of Health and Population Development. The Population Development Department of the Ministry ran a well-funded vertical family planning programme. It operated its own service system and structure. The grave limitations and unacceptable practices of the vertical family planning programme included alleged abuses of human rights. Choice of methods and counseling were lacking, and user-friendly service providers were in short supply. The apartheid regime's family planning programme also caused great resentment among other health service providers because it was generously funded at the expense of other needed health programmes. Given the short time-frame, it is felt that there has not been a major shift in contraceptive use, especially within the African population, since the advent of the new Government. In order to gain an accurate assessment, there are plans to conduct a Demographic and Health Survey (DHS) in accordance with international standards and requirements.

10. Population and adolescence. Notwithstanding the wide use of contraception, there are indicators of continuing population problems. In particular, the problem of adolescent pregnancy is growing. In 1994, the estimated birth rate among women aged 15-19 was 12.1 per cent nationally -- 13.7 per cent for Africans, 11.8 per cent for Coloureds, 8.3 per cent for Asians and 6.4 per cent for whites. Indeed, a recent (government) study indicates that 45 per cent of all African adolescent girls have been pregnant by their nineteenth birthday. African youth carried the burden of the struggle against apartheid and now live with its consequences in terms of health, education, social services, employment and housing, among others. A major concern of the Reconstruction and Development Programme is to direct available internal and external assistance towards helping the African youth.

11. Health services delivery. Under the former apartheid regime, health policy and the allocation of resources focused on tertiary health providers. This created large-scale teaching and research hospitals that benefited from the most modern technology, but which served only 25 per cent of the population. The primary health care (PHC) approach that aimed to serve a larger number of the citizenry, especially those outside the main cities, was introduced only in 1982 on an experimental basis. In contrast to the hospital system, the resources available for primary health care were minuscule: only about 12 per cent of public sector health spending. The emphasis of the current Government is on providing primary health care at the grassroots level, including providing free health services for mothers and children.

12. Education. Nearly 12 million students are included in the South African education system. Yet, systematic inequities in the allocation of education resources under apartheid have entrenched inequalities throughout the system. For example, in 1993 the average government spending per student for whites was almost four times that for non-white South Africans while the pupil-to-teacher ratios were around 20:1 for whites and 40:1 for other South Africans.

13. Population policy development activities. South Africa participated in the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in September 1994. It was the country's first major international conference since rejoining the United Nations community. The new Government has yet to decide whether a national population policy is necessary or desirable. It is, however, not opposed to a national discussion on the subject. In this regard, the Department of Population Development has drafted a discussion paper on population that poses the question as to whether South Africa needs a population policy and, if so, what governmental body should be responsible for implementing it. Written submissions by the public are now being reviewed and analysed with a view to drafting a White Paper in 1996 for discussion by the Cabinet. Thereafter, the intention is to allow more widespread debate among various communities, groupings and interested parties. A finalized draft White Paper could be forwarded to Parliament for final passage by the end of 1996.

14. In the meantime, most of the line Ministries seem to be postponing substantive activities until this basic decision is made. The national (central) Ministry of Health has drafted its policy paper on maternal, child and women's health which, though not yet officially endorsed by the Minister of Health, addresses such key reproductive health issues as adolescent pregnancy, HIV/AIDS, infertility, abortion, adolescent health and women's health. The Central Statistical Office, with United Nations and UNFPA support, is continuing preparations to conduct the first comprehensive, all-South Africa population census in 1996.

15. The political environment. Though apartheid has been legally abolished, it will still take some time before its consequences are fully eradicated from South Africa's social and economic life. One of the important aspects of restructuring is the system of sub-national governments. The interim Constitution of 1993 makes provision for three tiers of government: central, provincial and local. In April 1995, provincial assemblies were democratically elected in each of the nine newly designated provinces (incorporating the former homelands as well as the four former provinces of white South Africa). The powers of the provinces will be further specified by the proposed new Constitution. Local government elections took place in November 1995 under a system of proportional representation. An extensive delimitation exercise has recently been completed to redefine new municipal boundaries. This delimitation aims to overcome the rigid racial and ethnic boundaries of the past and to create more socially and economically viable municipalities.

III. PROPOSED UNFPA INTERIM ASSISTANCE, 1994-1996

16. The basic strategy underlying the proposed UNFPA interim assistance is twofold. In the first place, UNFPA is to assist the Government in promoting the ICPD Programme of Action and in adapting it to the requirements and aspirations of the new South Africa. Secondly, in line with the objectives of the Reconstruction and Development Programme, UNFPA will also assist the Government in experimenting with alternative approaches for reproductive health interventions in order to provide expanded and qualitative health services to the larger part of the population that is disadvantaged. The proposed interim assistance would prepare the groundwork for the formulation of UNFPA's first comprehensive country programme of assistance to South Africa to begin in 1997.

17. The interim assistance adheres to the new programme priorities and future directions of the UNFPA as detailed by the Executive Director in her report to the Executive Board at its annual session in June 1995 (DP/1995/25 and Corr. 1). It includes ongoing activities that were begun in 1994 and 1995 as well as certain new activities, or "pipeline" projects, to be initiated in 1996. The aim is to substantially complete all these activities by the end of 1996 in order to lay the

groundwork for the first comprehensive country programme while not pre-empting any of the projects that might be proposed under it.

Reproductive health, including family planning and sexual health

18. The current portfolio of ongoing projects in the area of reproductive health, including family planning and sexual health (hereafter referred to as reproductive health), has the objectives of meeting the immediate needs of women and youth and of laying the groundwork for improving the reproductive health infrastructure. These projects are as follows:

(a) Immediately following the ICPD, UNFPA was requested to provide funding for a national women's health policy conference, which took place in December 1994. The objective of this conference was to bring together women -- urban and rural, service providers and researchers, representatives from the Government and from NGOs -- to discuss a national health policy, especially from a woman's perspective, keeping in mind the goals established by the ICPD Programme of Action. The conference provided an entry point for UNFPA and was a catalyst for the current national discussions regarding a population policy for the new South Africa;

(b) There is an ongoing capacity-building project to train African women from the NGO sector in reproductive health -- from research and service delivery to programme and financial management. The availability of a leadership cadre in the NGO sector would assist the implementation of health and other population programmes at the grassroots level;

(c) Another ongoing project has the long-term objective of assisting the Ministry of Health in all nine provinces to develop an institutional framework and capacity for providing reproductive health services. Currently, project activities cover, on an experimental basis, activities in two provinces. These activities are expected to produce an institutional framework within the provincial Ministries of Health for the design and implementation of a reproductive health service delivery model within the primary health care system.

19. There are four pipeline projects that are scheduled to begin in 1996. Discussions are continuing with the Planned Parenthood Association of South Africa (PPASA) for a project that would expand community-based distribution (CBD) of contraceptives into rural areas and into the informal (squatter) settlements around the major cities. The Reproductive Health Research Unit in the Department of Obstetrics and Gynecology at Baragawath Hospital has requested assistance for a grassroots survey to determine the demand for forms of contraception other than injectables, which at present account for nearly 80 per cent of all current users. Also, the unit is seeking financial assistance for a project to develop a distance learning module for community-based

nurses in reproductive health. The fourth pipeline project will address males and their shared responsibility for reproductive health and will be implemented by PPASA.

20. It is expected that pipeline projects in the area of information, education and communication (IEC) in support of reproductive health will emerge from the ongoing discussions with PPASA regarding assistance to expand activities within PPASA youth centres to cover counselling, information and reproductive health services to both urban and rural youth. Also, assistance is envisaged to continue and expand PPASA's programme of developing, testing and training secondary school teachers in family life education and sex education. This programme is being undertaken in collaboration with provincial educational authorities. Given the process of major restructuring and decentralization of government, many national programmes, such as population education and sex education, have been put on hold. Yet, the urgency of addressing the growing problems of adolescent sexual health is widely recognized. Therefore, the Government has not objected to the efforts of NGOs such as PPASA to maintain a certain momentum in this area. An amount of $210,000 of the total requested for reproductive health is earmarked for activities in this area.

21. In addition to the $870,000 already committed to reproductive health activities, a total additional amount of $1.84 million is envisaged for 1996.

Population and development strategies

22. UNFPA has not as yet provided material support to the population policy development effort. Rather, interim assistance has the objective of ensuring that the planned 1996 comprehensive population census receives full support and that the required resources for that are mobilized both internally and externally. A technically sound and credible population census exercise would provide data on many areas of population concerns and would facilitate the process of policy-making.

23. As mentioned earlier, the Department of Population Development is utilizing the ICPD Programme of Action to rethink and reformulate the discredited population policies of the apartheid administration. A Green Paper on Population, commissioned by the department in 1994, examined the Reconstruction and Development Programme from the standpoint of its population implications, both explicit and implied, and compared it to the ICPD Programme of Action. It identifies the key population factors and asks whether or not there is a need for a clearer population policy and, if so, what the possible options are. All written comments are being reviewed with a view to preparing a Government White Paper document for submission to Parliament some time in 1996.

24. With respect to population policy development activities, the project ideas and activities that are most recommended to UNFPA at this stage cover national capacity building in all aspects of population and development with special reference to nationals who are or will be working at the provincial and local levels in both government and the NGO sectors. This will be a programme of intensive local training at the certificate and diploma levels as well as a programme to support fellowships for higher level training. UNFPA would also support workshops and conferences at all levels to assist the process of identifying population priorities and to bring together concerned and interested persons, organizations and training institutions, especially those servicing more remote and disadvantaged areas.

25. UNFPA funded a mission of international census experts in February 1995 to Pretoria to review with the Central Statistical Office (CSO) the preparations for the 1996 national population census. The report of the mission recommended, inter alia, that additional advisory services be secured from the United Nations. Continuing UNFPA inputs now include support for census advisory services. The adviser assigned jointly by the United Nations and UNFPA participates in the work of the Census Advisory Committee and in the drafting of the census questionnaire. Additional assistance is anticipated during 1996, when the census will be conducted. Although no specific date for the census has been announced, the pace of preparations suggest that the enumeration could take place in the second half of 1996. For this reason, an additional amount of $670,000 is requested for 1996. To date, approximately $210,000 has been allocated in support of the population census programme.

Advocacy and social mobilization

26. Given the history and national experience of population activities in South Africa, every UNFPA-supported activity has an advocacy content to it in order to project the benefits that can be expected from population activities in terms of national development and improved health in line with the principles and objectives of the ICPD Programme of Action. For survival in the apartheid period, the disadvantaged population developed a vast network of NGOs and community-based organizations (CBOs) to which there is still a continuing strong allegiance and trust. UNFPA's advocacy activities will be carried out in conjunction with these grassroots organizations in order to gain the confidence of community leaders and their members. UNFPA has approved approximately $185,000 to fund a series of meetings for special interest groups, including parliamentarians, youth and NGOs, to debate population issues. Activities in this area are being executed by the Government and, where considered necessary, by UNFPA itself. In the coming year it is anticipated that a number of as yet unidentified requests will be received by UNFPA. An amount of $200,000 for advocacy and social mobilization activities has therefore been earmarked for activities in 1996.

Programme development, management and coordination

27. At the present time in South Africa, institutional arrangements and the framework for implementing development programmes and for managing international development assistance are in their infancy. This situation presents both opportunities and challenges. If carefully nurtured by the international community, a relationship could be developed that would be of mutual benefit in terms of a coordinated and integrated development assistance programme. However, given the present state of the developing post-apartheid institutions, the level of assistance needed in working with counterpart institutions and bodies in the Government as well as in the NGO and private sectors is greater than is usually required.

28. The Government of National Unity has set up the Reconstruction and Development Programme (RDP) Office under the Presidency and has appointed a Minister without Portfolio to be in charge. The RDP Office is the official channel for interaction with the Government's development programme. The RDP Office still requires strengthening, and it is operating under certain civil service constraints over the allocation of resources. Nevertheless, the RDP Office exists and acts as the government counterpart institution in overall development policy matters. However, the development and implementation of externally assisted development activities can and are undertaken directly with the line Ministries. Until a central focal point for population concerns is identified and becomes functional, the coordination of sectoral population activities will be the responsibility of the concerned line Ministries, under the overall policy guidance of the RDP Office and the Ministry of Foreign Affairs. Insofar as collaboration with NGOs is concerned, the RDP Office is content with knowing only in general terms the nature of the collaboration and the flow of external inputs.

29. On the part of UNFPA, as well as the other JCGP members, there is a realization of the difficulties of programme development in South Africa at this time. Past history, the still ongoing debate about the institutional framework, the allocation of resources, and development policies are just a few of the factors that tend to inhibit accelerated action. In promoting programme development during the interim period and in preparation for a Programme Review and Strategy Development (PRSD) exercise, UNFPA will be challenged to ensure that the process is open and includes the participation of all stakeholders -- national, provincial and grassroots -- so that the end-product reflects the diversity of need and conditions and thus engenders a sense of ownership by all parties.

30. The UNFPA local office that was opened in November 1994 with the assignment of a Country Director will assist the Government in coordinating the activities of implementing and executing agencies and monitoring the implementation of the interim assistance. The arrangements and relationships under which UNFPA is now delivering its assistance have been

proceeding smoothly. UNFPA recognizes that it needs to expand its circle of implementing bodies, especially among the NGO community. In the course of 1996, greater affirmative efforts would be made to identify and foster the use of NGOs that are based in under-served provinces and localities. The directives of the United Nations Secretary-General have emphasized the need for a harmonized United Nations development programme for South Africa, and the JCGP member organizations have agreed to the lead role of UNFPA in the population sector. It is expected that all the JCGP organizations will be conducting their programme assessment exercises in the coming year as a prelude to formulating new country programmes for the 1996-2000 period.

31. The monitoring and evaluation of the UNFPA interim assistance will be a function of the forthcoming PRSD exercise. At present, individual projects do have built-in evaluation mechanisms, but the results of the PRSD evaluation in consultation with the Government will be used to decide which interim activities will undergo further development and/or be carried over into the future UNFPA country programme.

Financial summary

32. At the time of this submission, and since 1994, resources have been committed in the total amount of $1.39 million for interim population activities. Additional resources in the amount of $2.81 million (including $100,000 for a programme reserve) are required not only to complete assistance to ongoing activities but also for the purposes of responding to pipeline project activities. The table below shows the consolidated status of the interim assistance:

Currently allocated resources (1994-1996) and foreseen/pending requests (1996)

	1994 Allocation	1995 Allocation	1996 Allocation	Total Allocation (1994-96)	1996 Foreseen/ Pending	Grand Total (1994-96)
Reproductive health	$140,000	$440,000	$290,000	$870,000	$1,840,000	$2,710,000 (65%)
Population and development strategies	-	205,000	5,000	210,000	670,000	880,000 (22%)
Advocacy	-	185,000	-	185,000	200,000	385,000 (7%)
Reserve	25,000	100,000	-	125,000	100,000	225,000 (6%)
Total	**$165,000**	**$930,000**	**$295,000**	**$1,390,000**	**$2,810,000**	**$4,200,000 (100%)**

IV. RECOMMENDATION

33. The Executive Director recommends that the Executive Board approve the interim assistance for South Africa as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/1996/11
6 December 1995

ORIGINAL: ENGLISH

First regular session 1996
15-19 January 1996, New York
Item 16 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

SOUTH-SOUTH COOPERATION: UNFPA SUPPORT TO "PARTNERS IN POPULATION AND DEVELOPMENT"

I. SUMMARY

1. The Executive Board is requested to approve support for "Partners in Population and Development" through the recruitment and assignment of project personnel to the Partners' Secretariat as outlined in this report. The Partners in Population and Development is an intergovernmental organization established by ten developing countries (Bangladesh, Colombia, Egypt, Kenya, Mexico, Morocco, Indonesia, Thailand, Tunisia and Zimbabwe) to implement the recommendations of the International Conference on Population and Development (ICPD) regarding South-South cooperation.

2. In order to promote South-to-South cooperation in the field of reproductive health, a small Secretariat is being established by the ten Partner countries in Dhaka, Bangladesh. UNFPA, together with the World Bank and the Rockefeller Foundation, intends to provide financial support for the operation of the Secretariat. To facilitate the administration of the Secretariat, the ten countries have requested UNFPA to establish a trust fund mechanism. Furthermore, an arrangement is proposed for approval by the Executive Board to recruit and assign project personnel to the Partners' Secretariat.

/...

95-39329

II. BACKGROUND

3. According to the ICPD Programme of Action, "The international community should urge donor agencies to improve and modify their funding procedures in order to facilitate and give higher priority to supporting direct South-South collaborative arrangements" (paragraph 14.16). The General Assembly, in adopting the report of the ICPD, recognized "the importance of South-South cooperation in the implementation of the Programme of Action" (resolution 49/128, paragraph 12). Consequently, UNFPA has been closely cooperating with developing countries in strengthening their substantive and logistical capacity to share with each other their successful experiences in the field of reproductive health, including family planning and sexual health.

4. The mandate for UNFPA to support this type of activities was specifically addressed by the Executive Board at its session in September 1995. In decision 95/37, the Executive Board approved the 1996-1999 intercountry programme (document DP/1995/44), which includes the promotion of South-South activities in the area of reproductive health including increasing the training capacity for trainees from other developing countries, helping training institutions to make educational support and other information materials available, promoting the production and marketing of reproductive health-related equipment, and assessing the role of the private sector in the area of reproductive health.

5. In 1994, UNFPA supported the launching of the Partners in Population and Development as a way of promoting training, research and the exchange of information among the ten developing countries mentioned above as well as between the ten Partners and other developing countries. As a result of consultations among developing countries, the Partners decided (at a meeting held in Jakarta, Indonesia, on 1-2 August 1994) to put the initiative into operation. It was officially launched during the ICPD in Cairo, in September 1994.

6. UNFPA supported the organization of the first Board Meeting convened by the Partners in Harare, Zimbabwe, 19-20 April 1995, where the institutional framework and the 1995-1996 work programme of the Partnership were approved. The work programme is prepared by the Partners' Board, a body which comprises representatives from the ten countries, and is then proposed to donor agencies. The initial programme has been reviewed by UNFPA, in line with its guidelines and mandates. The major focus of the initial programme is on strengthening the capacity of developing countries to manage South-South collaboration, the promotion of "twinning" modalities (two-way experience exchange) and the development of training institutions, including Centres of Excellence. Technical cooperation will be tailored to the needs of the countries concerned and may include training (in the Partner country or in the collaborating country), specialized consultancies, internships and study tours. Specific areas of cooperation include policy design; quality of care issues; information, education and communication (IEC); programme management; family planning; prevention of sexually transmitted diseases (STDs), including HIV/AIDS; and adolescent health.

7. In Harare, the Partners' Board also decided to establish a small Secretariat in Dhaka to provide technical and logistical support to the Partner countries in carrying out their work programme. This Secretariat will provide a central point for networking among Partners and for identifying opportunities for South-South exchanges and sources of financial support.

8. Following the Harare agreement, the Secretariat will have a Director (at L-6 level) and three professionals (at L-5/L-4 levels). Through direct interaction with interested developing countries, they will provide technical assistance in formulating and implementing projects that efficiently disseminate positive experiences in improving reproductive health. Their responsibilities will include the development of mechanisms for information exchange among the Partners and associated countries and organizations, strengthening the capacity of the Partners and other developing countries for South-South cooperation (particularly through their training institutions), and facilitating financial support from the international donor community for South-South activities. This professional team will be assisted by local administrative support personnel (one administrative officer, three secretaries and two drivers). The Secretariat's facilities and most of the utilities will be provided by the host country.

9. Following the request formulated by the Partners in Harare, a UNFPA trust fund will be established to serve as the channel to provide the resources required to support the Partners' Secretariat and its activities. Through this request, the Partners aim at taking advantage of UNFPA's administrative experience and its worldwide field network. The Partners acknowledge in their request that the trust fund resources will be spent and reported on by the Partners' Secretariat in accordance with UNFPA financial rules and regulations. UNFPA is now seeking to obtain funding for this trust fund. The Rockefeller Foundation is expected to provide approximately $1 million, while the World Bank and UNFPA have each pledged $150,000. UNFPA intends to provide its financial support under its intercountry programme.

III. ESTABLISHMENT OF THE PARTNERS' SECRETARIAT

10. Consultations with the Partners' Board have been held on the establishment of the Partners' Secretariat on the basis of agreements reached at their meeting in Harare. As a result of these consultations, it has been agreed that, subject to the approval of the Executive Board, UNFPA would recruit and assign project personnel to the Partners' Secretariat. The professional staff would serve as internationally-recruited UNFPA project staff. All of the staff would be subject to UNFPA staff rules and regulations. The proposed arrangement is analogous to that established for the Secretariat of the Convention for the Protection of the Ozone Layer. The Director of the Secretariat would be appointed by UNFPA, following consultations with the Partners. The rest of the Secretariat staff would be appointed by UNFPA following consultations with the Director.

11. The arrangement proposed above would be valid for a two-year period starting 1996. This would be periodically reviewed and subsequently renewed on the basis of mutual agreement between the Partners and UNFPA.

IV. RECOMMENDATION

12. The Executive Director recommends that the Executive Board approve the arrangements to support "Partners in Population and Development" through the recruitment and assignment of project personnel to the Partners' Secretariat, as outlined in this document.